

PART B - FEE(S) TRANSMITTAL

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26646 7590 08/20/2003

KENYON & KENYON
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Kevin T. Godlewski (Depositor's name)
Kevin T. Godlewski (Signature)
November 10, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/308,914	11/18/1999	MARTIN HERKLOTZ	2565/52	6832

TITLE OF INVENTION: PUMPING AND METERING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	11/20/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
FREAY, CHARLES GRANT	3746	417-212000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kenyon & Kenyon
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

FRESENIUS MEDICAL CARE
DEUTSCHLAND GmbH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Federal Republic of Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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☒ Advance Order - # of Copies 10

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(Authorized Signature)

(Date)

Kevin T. Godlewski (Reg. 47,598)

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